

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 13 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 197739 (AMENDED)  
1. Entity Name  
MILLER BEARINGS, INC.

000005910990-10  
-06/21/02--01076--002  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
17 SO. WESTMORELAND DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ORLANDO, FLORIDA  
Zip  
32805

City & State  
City  
Country

4. FEI Number Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
ETHERIDGE, EDNA R.  
Street Address (P.O. Box Number is Not Acceptable)  
803 LAKE ADAIR BLVD., N.  
City  
ORLANDO FL Zip Code  
32804

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1st - May 1st Fee is \$150.00  
After May 1st Fee is \$650.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	PDST	TITLE	
NAME	FABER, CRAIG O	NAME	
STREET ADDRESS	2211 CROSS LAKE RD.	STREET ADDRESS	
CITY-ST-ZIP	BELLE ISLE FL 32809	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SUAZO, BEN	NAME	
STREET ADDRESS	7553 WOODBRIAR CT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	BROCATO, RAYMOND	NAME	
STREET ADDRESS	932 COOL SPRINGS CIR	STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SEARS, LYNNE E	NAME	
STREET ADDRESS	P.O. BOX 394	STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH, FL 32768	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ETHERIDGE, EDNA R	NAME	
STREET ADDRESS	803 LAKE ADAIR BLVD. N	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	JOHNSON, KEITH D	NAME	
STREET ADDRESS	4209 BROOKE DR.	STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Craig O. Faber / PRESIDENT Date: 06/04/02 Daytime Phone #: 407-425-9078  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG O. FABER

CR2E034B (12/01)

2002 UNIFORM BUSINESS REPORT (UBR)

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ADDITIONAL OFFICER AND DIRECTOR

TITLE: D  
NAME: SCHUMACHER, GLEN A  
STREET ADDRESS 4590 SOUTH HAMPTON DR.  
CITY-ST-ZIP: ORLANDO, FL. 32812-5936

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TITLE: CD  
NAME: ANDERSON, RICHARD B  
STREET ADDRESS 1273 SARA COURT  
CITY-ST.-ZIP WINTER PARK, FL 32789